1 CIR./DIST /DIV CODE					
FLM	2 PERSON REPRONTED Ballut, Ghassan Z.	ayed	,	TPA 210	3-286-05
3. MAG. DKT /DEF. NUMBER		DEF. NUMBER 5. AP. 000077-007	PEALS DKT./DEF. NUN	ABER 6. OTHE	R DKT NUMBER
7. IN CASE/MATTER OF (Ca	ase Name) 8 PAYMENT (CATEGORY 9. TY	PE PERSON REPRESE		RESENTATION TYPE See Instructions)
USA v. Al-Arian, et al	Felony	,	Adult Defendar		inal Case
11. OFFENSE(S) CHARGED (CL) 18 1962-3300.F F	Cite U.S. Code, Title & Section). RICO - INTERSTATE CO	If more than one offense, list (u OMMERCE	p to five) major offenses cha	rged, according to severity of o	ffense.
* Section	REQUE	ST AND AUTHORIZATIO	n for expert servi	CEE	6 S S
12. ATTORNEY'S STATEMEN As the attorney for the person	VT represented who is named above, I hereby	affirm that the services requested	are necessary for adequate rep	resentation. I hereby request	
Authonzation to obtain the services already opt	nce Estimated Compensation \$ tained to be paid for by the United States for	OR rorn the Defender Services Appro	pnation. (Note: Prior authoriza	tion should be obtained for servi	ces in excess of \$300)
Signature of Attorney	. Nure Bri	nce Homie	1/8/04 Date		- /) (`
Panel Attorney	Retained Atty Pro-Se Legal Or	-	Date.		20
ا ا مَ أُ حَمِي	ie, Middle மம்ப், Last name, including suff	ix) and mailing address.			ි. වෙ
BRUCE G. H 5720 CENTI	RM AVE.				2)
St. PETERSON	1865 FL 33707	1	Telephone Number: 72	7-344-1111	
13. DESCRIPTION OF AND JU	USTIFICATION FOR SERVICES	(See instructions)	14. TYPE OF SERVICE		lyst/Consultant
Paralegal S	<i>Jenice</i>		02		FAIT RECORD
			04 ☐ Psychiatrist 05 ☐ Polygraph Exami	ner 24 🗆 Other (ppe	ATE BY
	esented having been established to the cou	ut's satisfaction, the	06 Documents Exam 07 Fingerprint Analy 08 Accountant		<u>ام</u>
authorization requested in Item 12 is i	hereby granted	xo	09 CALR (Westlaw/) 10 Chemist/Texicolo		1-4 X
Signature of Presiding Judicial Officer	r or By Order of the Court	7 0	11 Ballistics Expert 13 Weapons/Firearm	CERTIFIED a-6	24 G
	7-2-3		15 Other Medical Ex	pert	4
Date of Order Repayment or partial repayment order	Nunc Pro Tunc red from the person represented for thus se		16 U Voice/Audio Anal 17 Hair/Fiber Expen 18 Computer (Hardy	VERIEIED.	ig pe
			To Combane (11mm ou	STATE OF LAST STATE OF STATE O	
☐ YE3 ☐ NO			19 Paralegal Services		
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